



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E464166**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
--------------------	--

CASE #	15-02398
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 09 - 23 - 2015	0745	31		0664
		N <input type="checkbox"/> S <input type="checkbox"/>	E <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF <input type="checkbox"/>

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	
20TH STREET SE	MILE POST <input type="checkbox"/>	7800

DISTANCE	OF (REFERENCE OR CROSS STREET)
100 00 MILES <input checked="" type="checkbox"/> FEET <input checked="" type="checkbox"/>	79TH AVE SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE
---------	---------------------------------------------------	--------------------------------------	----------------------------------------------------------	-------

LAST NAME	SPAID	FIRST NAME	AARON	MIDDLE INITIAL	W
-----------	--------------	------------	--------------	----------------	----------

STREET NEW ADDRESS	13322 78TH ST NE
--------------------	-------------------------

CITY	LAKE STEVENS	ST	WA	ZIP	982589058
------	---------------------	----	-----------	-----	------------------

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	SPAIDAW084B2	STATE	WA	SEX	M	D.O.B.	01 - 22 - 1992
--------------------	---------------------	-------	-----------	-----	----------	--------	-----------------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE 2	INJURY CLASS 1	NATURE OF INJURIES
----------------------------------	--------	-----------------	-----------------	----------------	---------------------	-----------------------	--------------------

LICENSE PLATE #	AUT2678	STATE	WA	VIN#	1J4GL58K32W146783
-----------------	----------------	-------	-----------	------	--------------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	2002	MAKE	JEEP	MODEL	LIBERT	STYLE	4W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	---------------	-------	-----------	-----------------------------------------------------------------------------------	----------	-----------------------------------------------------------------------------------

REGISTERED OWNER INFO. **TIA DAWSON 306 W WALLACE ST GRANITE FALLS WA 98252**

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	5Z0954230	CHARGE	NVOL-NO INSURANCE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE
---------	---------------------------------------------------	--------------------------------------	-------------------------------------	-----------------------------------------	----------------------------------------------------------	-------

LAST NAME	PAGE	FIRST NAME	CHRISTINE	MIDDLE INITIAL	L
-----------	-------------	------------	------------------	----------------	----------

STREET NEW ADDRESS	105 83RD DR SE
--------------------	-----------------------

CITY	LAKE STEVENS	ST	WA	ZIP	982583387
------	---------------------	----	-----------	-----	------------------

CDL	RESTRICTIONS B	ENDORSEMENTS
-----	-----------------------	--------------

DRIVER'S LICENSE #	PAGE*CL037RJ	STATE	WA	SEX	F	D.O.B.	12 - 11 - 1997
--------------------	---------------------	-------	-----------	-----	----------	--------	-----------------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE 2	INJURY CLASS 1	NATURE OF INJURIES
----------------------------------	--------	-----------------	-----------------	----------------	---------------------	-----------------------	--------------------

LICENSE PLATE #	ABB2681	STATE	WA	VIN#	KMHDB8AE6BU087446
-----------------	----------------	-------	-----------	------	--------------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	2011	MAKE	HYUN	MODEL	ELANTRA	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	----------------	-------	--	-----------------------------------------------------------------------------------	----------	-----------------------------------------------------------------------------------

REGISTERED OWNER INFO. **EDWARD PAGE 105 83RD DR SE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	AMERICAN FAMILY INS 2348-6180-03-65-FPPA-WA	CHARGE	
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					



OFFICER'S NAME (PRINT)	W. AUKERMAN	BADGE OR ID #	72	AGENCY	WA0311900
------------------------	--------------------	---------------	-----------	--------	------------------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E464166**

CASE # **15-02398**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

09-23-15 10:08 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

9/23/2015 7:41:59 PM

BADGE OR ID #

72

ORI #

WA0311900

TIME POLICE DISPATCHED

7:47 AM

TIME POLICE ARRIVED

7:54 AM

PART B 3000-345-160 R (7/06)

PAGE

2

OF

4

NARRATIVE

On 09/23/2015 at about 0747 hours (all times approximate) I was dispatched by police radio to a non-blocking/non-injury two car collision near the intersection of 20th Street SE and 79th Ave SE in the city of Lake Stevens.

Arriving on scene I observed both involved vehicles to be parked on the north shoulder of westbound 20th Street SE facing westbound. I contacted both driver's involved. There were no reported injuries at the time of the collision.

Based on evidence and statements at the scene of the collision it is found that U1 and U2 had traveling westbound in the 7800 block of 20th Street SE, in stop and go traffic approaching the traffic light controlled intersection of 79th Ave SE, when U2 stopped in the lane of travel due to backed up traffic. The driver of U1 stated his foot slipped off the brake pedal and his vehicle struck the back of U2.

It should be noted westbound vehicle traffic approaching the Highway 2 Trestle was backed up due to a reported vehicle collision. This collision occurred next to a construction sight that was taking place on the north side of 20th Street SE.

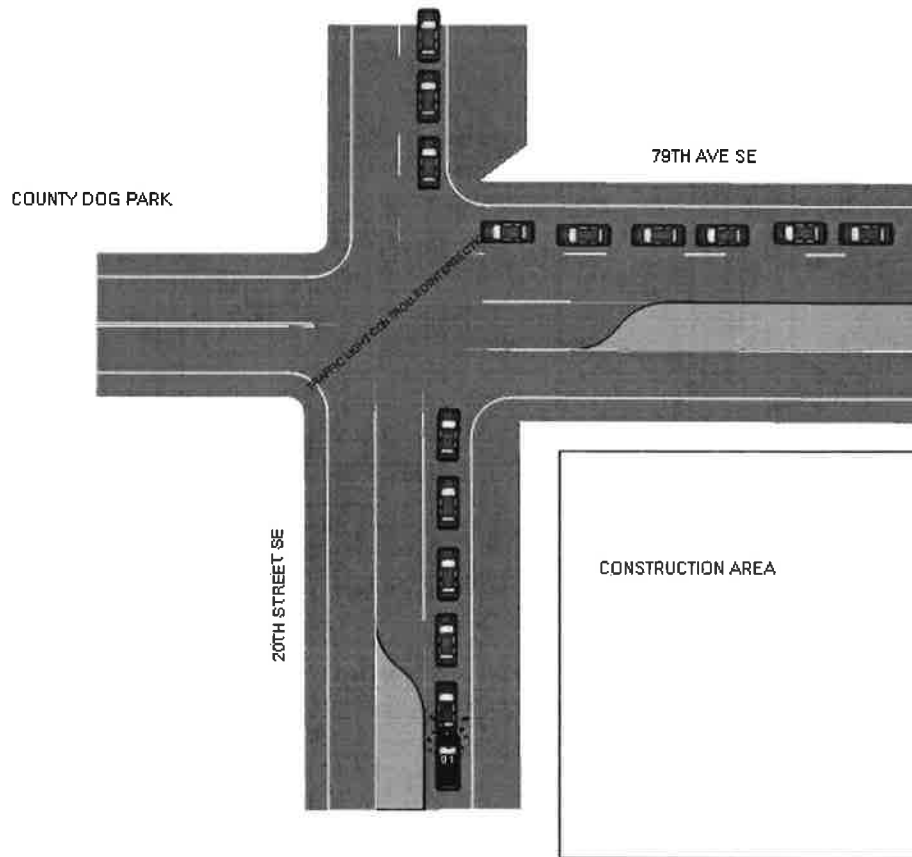
A witness driver had stopped and stated she had been behind U1 and it appeared as though the driver's foot of U1 had slipped off the brake and U1 struck the back of U2; the witness was behind U1 in stop and go traffic. I did not obtain any contact information or a statement from the witness.

The driver of U1 was identified by a Washington State identification card and found to have a suspended/revoked driver's license (with 4 prior convictions for DWLSR 3). The driver of U1 was also unable to provide current proof of vehicle insurance, stating the vehicle is insured, and could not recall the name of the insurance company.

The driver of U1 was cited for no valid operator's license and no vehicle insurance.

I took several digital images of the collision scene and involved vehicles. The digital images were later printed and saved to a CD-R as evidence.

U2 drove from the scene while the driver of U1 remained on scene to wait for a licensed driver.



NOT TO SCALE



OFFICER DID NOT OBSERVE COLLISION

INFRACITION <input checked="" type="checkbox"/> TRAFFIC <input type="checkbox"/> NON-TRAFFIC		L.E.A. ORI # WA0311900		COURT ORI # WA03119VB		INFRACITION # 5Z0954230		REPORT # 15-02398	
IN THE <input type="checkbox"/> DISTRICT <input checked="" type="checkbox"/> MUNICIPAL COURT OF		LAKE STEVENS VIOLATION BUREAU		LAKE STEVENS		PLAINTIFF VS. NAMED DEFENDANT			
<input type="checkbox"/> STATE OF WASHINGTON <input type="checkbox"/> COUNTY OF				CITY/TOWN OF		LAKE STEVENS			
DRIVERS LICENSE NO. (SCANNED) ID ONLY		STATE EXPIRES		PHOTO ID MATCHED		NAME: LAST		FIRST	
SPADAW084B2		WA 01-22-19		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SPAD		AARON	
ADDRESS 306 W WALLACE ST B				IF NEW ADDRESS		CITY		GRANITE FALLS	
EMPLOYER		RACE		SEX		HEIGHT		WEIGHT	
DATE OF BIRTH 01-22-92		W		M		6'00"		145	
VIOLATION DATE		INTERPRETER NEEDED		AT LOCATION		REF. TRAFFICWAY		20TH STREET SE 79TH AVE SE	
ON OR ABOUT 09/23/2015 07:45		LANG.							
VEHIC NO AUT2678		STATE WA		EXPIRES 02-12-16		VEH YR 2002		MAKE JEEP (JEEP)	
TR #1 LIC NO		STATE		EXPIRES		TR YR			
OWNER/COMPANY IF OTHER THAN DRIVER									
ADDRESS									
CITY									
ACCIDENT NO INJURY		COMMERCIAL VEHICLE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		16+ PASS <input type="checkbox"/> NO <input checked="" type="checkbox"/>		HAZMAT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
VEH SPEED		INA		ZONE		SMD		PACE AIRCRAFT	
1. VIOLATIONS/STATUTE CODE		46.20.015		DWLSR 3		NO VALID OPER LICENSE WITH VALID ID		PENALTY \$ 550.00	
2. VIOLATIONS/STATUTE CODE		46.30.020		DWLSR 3		OP MOT VEH W/OUT INSURANCE		PENALTY \$ 550.00	
3. VIOLATIONS/STATUTE CODE								PENALTY \$	
4. VIOLATIONS/STATUTE CODE								PENALTY \$	
5. VIOLATIONS/STATUTE CODE								PENALTY \$	
RELATED #		DATE ISSUED 09-23-15						TOTAL PENALTY \$ 1,100.00	
I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.									
OFFICER W. AUKERMAN				# 72		OFFICER			
<input checked="" type="checkbox"/> TICKET SERVED ON VIOLATOR				<input type="checkbox"/> TICKET REFERRED TO PROSECUTOR					
<input type="checkbox"/> TICKET SENT TO COURT FOR MAILING									
NOTICE OF INFRACITION									
This is a non-criminal offense for which you cannot go to jail.									
YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED.									
Your response must be postmarked by midnight of the day it is due at the court.									
If you do not respond or appear for court hearings:									
TRAFFIC									
The court will find that you committed the infraction.									
You may lose your driver's license privilege.									
Your penalty will be increased.									
Failure to pay may result in a referral of your case to a collection agency.									
Check one of the 3 boxes to the right, sign, date, and mail this form to:									
Court contact information:									
Phone 1: (425)334-1012									
LAKE STEVENS VIOLATION BUREAU									
PO BOX 257									
LAKE STEVENS WA 98258									
I have enclosed a check or money order, in U.S. funds, for the amount listed. I understand this will go on my driving record if "Traffic" is checked. DO NOT SEND CASH. NSF checks will be treated as failure to respond.									
Mitigation Hearing. I agree I have committed the infraction(s), but I want a hearing to explain the circumstances. Please send me a court date, and I promise to appear on that date. I know I can ask witnesses to appear but they are not required to appear. I understand this will go on my driving record if "Traffic" is checked. The court may allow time payments or reduce the penalty where allowed by law.									
Contested Hearing. I want to contest (challenge) this infraction. I did not commit the infraction. Please send me a court date, and I promise to appear on that date. The state must prove by a preponderance of the evidence that I committed the infraction. I know I can require (subpoena) witnesses, including the officer who wrote the ticket to attend the hearing. The court will tell me how to request a witness's appearance. I understand this will go on my driving record if I lose and "Traffic" is checked.									
NOTICE: You may be able to enter into a payment plan with the court under RCW 46.63.110.									
My mailing address is: (PLEASE PRINT)									
Name:									
Street or PO Box									
City:									
State:									
Zip Code:									
Apt:									
Telephone: Home:									
is interpreter needed? Language:									
X:									
(SIGNATURE):									

EXCHANGE OF INFORMATION

OFFICER NAME: **W. AUKERMAN #72**

AGENCY: **LAKE STEVENS PD**

NARRATIVE/ NOTES:

COLLISION: **09/23/15 07:45 AM**

DISPATCH: **09/23/15 07:47 AM**

ARRIVAL: **09/23/15 07:54 AM**

CASE#: **15-02398**

LOCATION: **20TH STREET SE BN:7800**

AT 79TH AVE SE

UNIT 1:	MOTOR VEHICLE -	2002 LIBERTY PLATE: AUT2678 (WA)	TOWED BY:
DRIVER: AARON W SPAID		VEH OWNER: TIA A DAWSON	
ADDRESS: 13322 78TH ST NE LAKE STEVENS, WA 982589058		ADDRESS: 306 W WALLACE ST GRANITE FALLS, WA 98252	
DL #: SPAIDAW084B2		STATE: WA	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY:	
POLICY #:		POLICY #:	
UNIT 2:	MOTOR VEHICLE -	2011 ELANTRA PLATE: ABB2681 (WA)	TOWED BY:
DRIVER: CHRISTINE L PAGE		VEH OWNER: EDWARD T PAGE	
ADDRESS: 105 83RD DR SE LAKE STEVENS, WA 982583387		ADDRESS: 105 83RD DR SE LAKE STEVENS, WA 98258	
DL #: PAGE*CL037RJ		STATE: WA	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: AMERICAN FAMILY INS		INSURED BY:	
POLICY #: 2348-6180-03-65-FPPA-WA		POLICY #:	

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>AUERMAN #72</i>		Case Number <i>15-02398</i>	
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>		Type of Case:		Date/Time: <i>9-23-15/0820</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # <i>1</i>	Item <i>CD-R</i>		Brand Name <i>COMPASS</i>		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Action # <i>3</i>	Serial #	Where Found <i>79/20 S SE 1st</i>	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>PCS</i>							

Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Action #	Serial #	Where Found	Weight of Narcotic			
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC ✓	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File







Closed 09/23/15 08:15:10

Latitude: (+) 47.979902 Longitude: (-) 122.130096

Phone: 4253148986

LENATRA V BLK JEEP

/0801 REMINQ 19D2 MDTWANT,PAGE,CHRISTINE,L,121197,,WA,

/0815 CLOSE 19D2